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Substitute for Form PTO-875

Application of Docket Number

101787.002

(Column 1)

(Column 2)

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))				
SEARCH FEE (37 CFR 1.16(a), (f), or (m))				
EXAMINATION FEE (37 CFR 1.16(e), (p), or (q))				
TOTAL CLAIMS (37 CFR 1.16(j))	31	minus 20 =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))	3	minus 3 =		
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)

(Column 2)

(Column 3)

CR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				RATE (\$)	ADDITIONAL FEE (\$)				RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(f))	31	Minus:	31	=	-	X	=		OR	X	=		
	Independent (37 CFR 1.16(g))	3	Minus	3	=	-	X	=		OR	X	=		
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))													
											TOTAL ADD'L FEE			

AMENDMENT B		(Column 1)		(Column 2)	(Column 3)		
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total (37 CFR 1.16(f))		Minus	**	=		
	Independent (37 CFR 1.16(h))		Minus	***	=		
	Application Size Fee (37 CFR 1.16(s))						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							

RATE (\$)	ADDITIONAL FEE (\$)	
X =		OR
X =		OR
		OR
		OR
TOTAL ADD'L FEE		OR

RATE (\$)	ADDITIONAL FEE (\$)	
X =		OR
X =		OR
		OR
		OR
TOTAL ADD'L FEE		OR

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Y0R920030635US(17343)

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	31	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	31 minus 20 =	11
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	198
X43=		OR	X86=	0
+145=		OR	+290=	0
TOTAL		OR	TOTAL	968

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	